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Award Number: W81XWH-09-2-0112

TITLE: Regional Center of Excellence for PTSD:Phoebe Putney Memorial Hospital

PRINCIPAL INVESTIGATOR: Steven Ziemba, Ph.D., FACHE

CONTRACTING ORGANIZATION: Phoebe Putney Memorial Hospital
Albany, GA 31701

REPORT DATE: September 2011

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

# REPORT DOCUMENTATION PAGE

*Form Approved*
*OMB No. 0704-0188*



| **1. REPORT DATE** | **2. REPORT TYPE** | **3. DATES COVERED** |
|---|---|---|
| September 2011 | Annual | 13 August 2010 – 12 August 2011 |

**4. TITLE AND SUBTITLE**

Regional Center of Excellence for PTSD:Phoebe Putney Memorial Hospital

**5a. CONTRACT NUMBER**

**5b. GRANT NUMBER**
W81XWH-09-2-0112

**5c. PROGRAM ELEMENT NUMBER**

**6. AUTHOR(S)**

Lori-Ann Landry, MSW, LCSW
Steven Ziemba, PhD, FACHE

**E-Mail:** sziemba@ppmh.org

**5d. PROJECT NUMBER**

**5e. TASK NUMBER**

**5f. WORK UNIT NUMBER**

**7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)**

Phoebe Putney Memorial Hospital
Albany, GA 31701

**8. PERFORMING ORGANIZATION REPORT NUMBER**

**9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)**
U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

**10. SPONSOR/MONITOR'S ACRONYM(S)**

**11. SPONSOR/MONITOR'S REPORT NUMBER(S)**

**12. DISTRIBUTION / AVAILABILITY STATEMENT**
Approved for Public Release; Distribution Unlimited

**13. SUPPLEMENTARY NOTES**

**14. ABSTRACT**

Post Traumatic Stress Disorder (PTSD) has been recognized by the Armed Forces as a significant mental health condition among returning US military personnel from Iraq and Afghanistan. Multiple challenges exist in the successful diagnosis and treatment of soldiers prior to symptoms becoming unmanageable and leading to dysfunction within families, homes, work, and in severe cases increased suicide rates. The current study will investigate the use of telepsychiatry services for military personnel who have served in Iraq and Afghanistan, demonstrate early signs of PTSD, and now reside in geographically isolated communities of Southwest Georgia. The study will follow a non-inferiority design, with 174 subjects enrolled to receive CBT either face-to-face or via telepsychiatry. Our sample size of 174 subjects consists of Active Duty, Veterans, Reservists, and National Guard personnel (within the Marine Corps, Navy and Army) between the ages of 18-45 of varying ethnicities who have served in Iraq and/or Afghanistan. The study is currently under regulatory review, with initial patient enrollment predicted for Fall 2011.

**15. SUBJECT TERMS**
Cognitive Behavioral Therapy, Telepsychiatry, PTSD, Videoconferencing, Access to Care, Veterans

| **16. SECURITY CLASSIFICATION OF:** | | | **17. LIMITATION OF ABSTRACT** | **18. NUMBER OF PAGES** | **19a. NAME OF RESPONSIBLE PERSON** |
|---|---|---|---|---|---|
| | | | | | USAMRMC |
| **a. REPORT** | **b. ABSTRACT** | **c. THIS PAGE** | | | **19b. TELEPHONE NUMBER** *(include area code)* |
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## Introduction

United States Veterans living in rural areas of the United States often have difficulty accessing needed care. Professional resources, distance to providers, and limits on transportation options are identified as some of the barriers to care (Rosenheck & Stolar 1998; McCarthy & Blow, 2004; Tessler, Rosenheck, & Gamache, 2005). Access to care and barriers to receiving this care for returning soldiers from military operations in Iraq and Afghanistan with suspected or projected symptoms of Post Traumatic Stress Disorder (PTSD) has been highly publicized (Maurer, K, and Watson, J., 2010, August 26). Numerous agencies, both military and civilian are collaboratively mobilizing to increase options for medical and mental health care for returning soldiers (Maurer K., and Watson, J., 2010, August, 26). One particular example is seen in the treatment of soldiers with PTSD using telepsychiatry. The purpose of the present study is to demonstrate that Cognitive Behavioral Therapy (CBT) delivered via telepsychiatry can be as effective for the treatment of PTSD as traditional face-to-face therapy sessions for military personnel who have served in Iraq and Afghanistan, demonstrate early signs of PTSD, and now reside in geographically isolated communities of Southwest Georgia. Previous studies have typically utilized only VA institutions. The present study will provide telepsychiatry for up to 202 subjects through a civilian healthcare network using a non-inferiority design. Eligible populations include active duty, Reserve, National Guard, and Veterans of Iraq and Afghanistan who are between the ages of 18-45. The population will be drawn from the Southwest region of Georgia, which is predominantly rural. The study will be conducted at six Phoebe Putney Memorial Hospital (PPMH) clinics located throughout the region with subjects attending the clinic most conveniently located to them. The study's significance lies in its utilization of civilian hospital services to assess and compare feasibility and efficacy of CBT to treat PTSD using telepsychiatry in military populations.

## Body

PTSD had been identified as a condition of concern for soldiers returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Georgia is home to 12 active military installations with more than 100,000 Active Duty, Reservist and National Guard personnel and nearly one million Veterans and their dependents. Symptoms of PTSD can be debilitating and may include insomnia, intense anxiety, and difficulty coping with work, social, and family relationships. Left untreated, PTSD can lead to substance abuse, severe depression, and in some cases suicide. Symptoms may appear within months of the traumatic event or be delayed for years. While there is no cure for PTSD, experts believe early identification and treatment of PTSD symptoms may lessen their severity and improve the overall quality of life for individuals with this disorder (Department of Veteran Affairs, Department of Defense, 2004).

Studies have shown that Cognitive Behavioral Therapy (CBT) is effective in the treatment of PTSD for symptom reduction and increasing an individual's overall quality of life. Numerous other studies have demonstrated a reduction in PTSD symptoms as measured on various scales with CBT treatment in comparison to no treatment (Basoglu, Salcioglu, Livanou, Kalender & Acar, 2005; McDonagh et al. 2005; Foa et al., 2005; Hinton, Chhean, Pich, Safren, Hofmann, Pollack, 2005; Monson et al., 2006; Maercker A, Zollner T, Menning H., Rabe, S., and Karl, A., 2006).

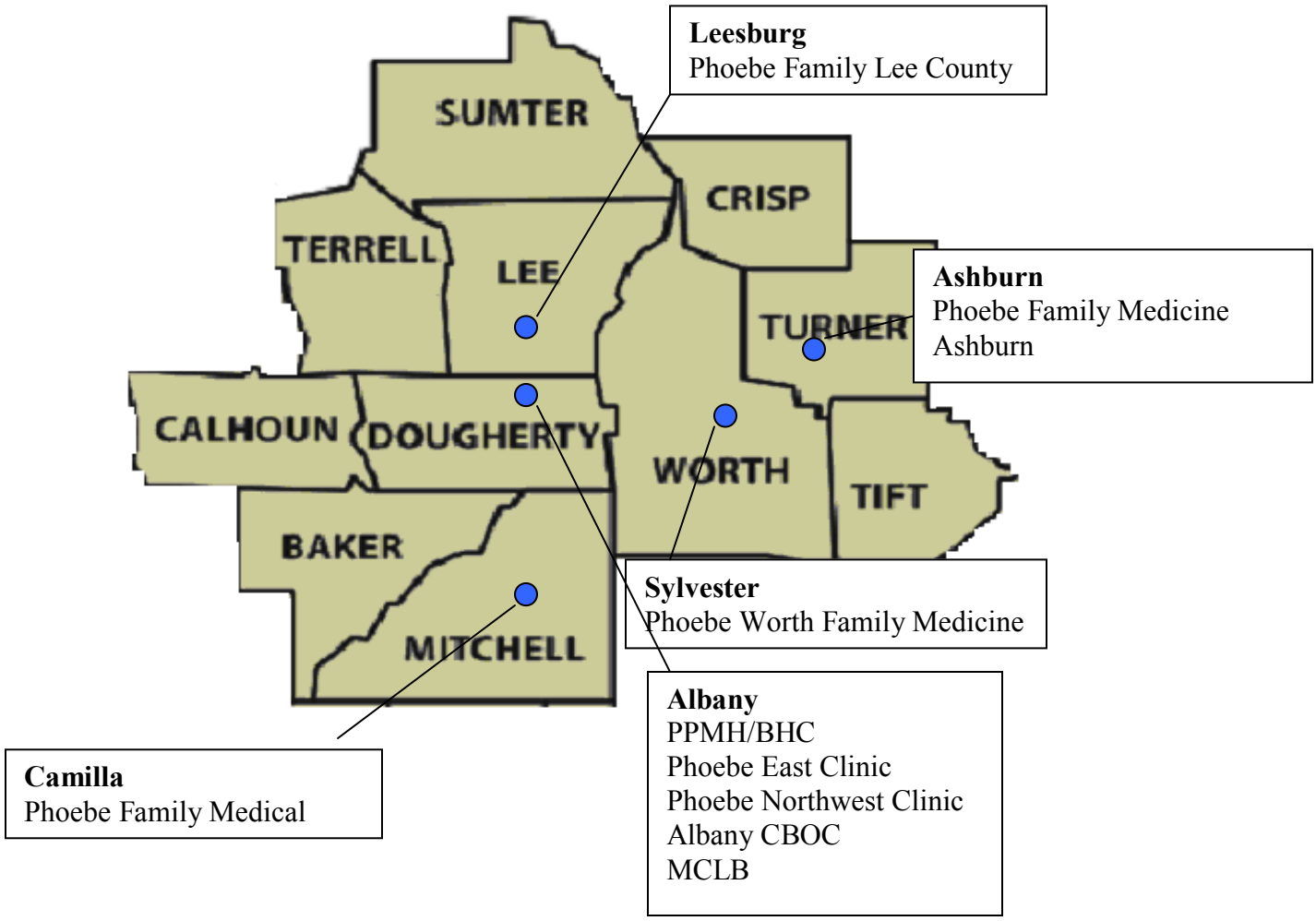
Despite this effective treatment, many veterans may keep symptoms secret for a number of reasons, not the least of which is the stigma associated with psychiatric disorders (Hoge et al., 2004). Others may believe their symptoms are simply a private matter and will refrain from seeking treatment. Still others may fear that their careers may be adversely affected if they disclose signs or symptoms of any psychiatric disorder, including PTSD. A significant factor contributing to the lack of patients receiving care is limited accessibility of mental health services in many locations, especially rural locations. This challenge is especially present in Southwest Georgia. One method that can address this challenge is the use of videoconferencing as a means to provide psychiatric services or, as it is more commonly known, telepsychiatry. Specific forms of treatments and assessments, such as CBT delivered via telepsychiatry, have been reported for diagnoses such as Panic Disorder, Agoraphobia, Major Depressive Disorder, Oppositional Defiance Disorder, and Attention Deficit Disorder. (Cowain, 2001; Bouchard et al., 2000; Alessi, 2002; Hilty, Nesbitt, Canning & Hales, 2000). Telepsychiatry shows great promise as a model of therapeutic delivery and may be as effective as conventional face-to-face psychotherapy treatment delivery. Several studies have investigated the effectiveness of CBT delivered via telemedicine. However no studies have been conducted that use a community based treatment facility partnering with the Department of Defense. Further research in this area is warranted considering the US Army and Marine Corp's immediate need to provide psychiatric services to personnel in geographically remote regions in provider shortage areas (Maurer, K. and Watson, J., 2010, August 26).

Phoebe Putney Memorial Hospital (PPMH) is a 450-bed tertiary care hospital with a psychiatric and behavioral health component of 38 inpatient beds and a complete continuum of outpatient services. The hospital is located in Dougherty County in Southwest Georgia. This location provides a potential referral base extending from the immediate region to throughout the state, with several Department of Defense Facilities within Georgia, including the Marine Corps Logistics Base, Fort Benning, Fort Gordon, Fort McPherson, Fort Stewart, Moody AFB, Robins AFB and other DoD operated health clinics.

Phoebe's Behavioral Health Center has been serving the area for many years and includes inpatient and outpatient psychiatric care services, including a Structured Outpatient Program (SOP) in addition to traditional clinic visits. Counselors, social workers, marriage and family therapists, addiction specialists, nurse practitioners and psychiatrists are employed or available as contractors to provide care in the

programs. Phoebe Putney Memorial Hospital is well positioned to provide healthcare to rural areas with over six clinics spread throughout the Southwest Georgia region.

**Phoebe Clinic Locations**



The present study incorporates CBT delivered via telepsychiatry as compared with traditional face-to-face administration among military personnel diagnosed with PTSD. Subjects will be randomized into one of these two groups. The study will follow a non-inferiority design with pre and post assessments to test the hypothesis that CBT administered via telepsychiatry is as effective as CBT administered face-to-face in treating PTSD. A one sided design was selected, as opposed to an equivalency study, as the intent is to demonstrate effectiveness and not superior efficacy. This design approach has resulted in a minimum target population of 174. However, an attrition rate of twenty percent is expected, based on similar studies, resulting in a maximum target of up to 202. Subjects will be recruited from public and private area clinics, Veterans Administration and CBOC clinics, the local Marine Corps Logistics Base (MCLB) as well as U.S. Army installations, including Reservist and National Guard. The subjects will undergo 10 weekly sessions of CBT provided by trained and independently licensed study therapists within a 15 week period. Initial measures will include assessment using the Primary Care PTSD Screen (PC-PTSD)(Appendix A), the PTSD Checklist-Military (PCL-M)(Appendix B), and the DSM-IV diagnostic criteria (Appendix C)(Prins, A., Ouimette, P., Kimerling, R., Cameron, R.P., Hugelshofer, D.S., Shaw-Hegwer, J., Thrailkill, A., Gunsman, F.D., & Sheikh, J.I., 2003; Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T., 1993; American Psychological Association, 2000). Any effect upon PTSD symptoms of subjects will be measured by the Clinician-Administered PTSD Scale (CAPS)(Appendix D), Hamilton Anxiety Rating Scale (HAM-A)(Appendix E), Montgomery Asberg Depression Rating Scale (MADRS)(Appendix F), and the SF-36 Quality of Life Indicator (Appendix G) before initiation of treatment and following completion of all therapy sessions (Dudley D. B., Weathers, F.W., Nagy, L.M., Kaloupek, D.G., Charney, D.S., Keane, T.M., 1998; Hamilton, M, 1959; Montgomery, S.A. & Asberg, M., 1979; Quality Metric, 2009). The use of civilian facilities to provide telepsychiatry care to military personnel is unique in its approach.

An essential early objective of the study was the creation of an interactive, telepsychiatric network at several Primary Care clinics throughout Southwest Georgia. The telepsychiatry units were purchased from NuPhysicia, located in Houston, Texas, and consist of equipment mounted on mobile lockable carts as well as desktop units. Sites identified for equipment installation were checked for network access, and Ethernet ports were installed as required. Following installation, the network was tested for accessibility and reliability. Each unit can be contacted and controlled remotely from a unit operated by study staff. In this manner, the network has been continuously tested to ensure each unit is operational. Security is maintained as the network is encrypted and operates as an internal system.

Study personnel are currently in place and undergoing training in anticipation of the initiation of enrollment. Study personnel include a research rater to independently conduct the pre and post test therapy assessments; a research therapist to provide guided and standardized CBT therapy to enrolled subjects, both face-to-face and via telepsychiatry; and an independently contracted LCSW to measure fidelity in the use of CBT. In addition to the research personnel in place, the Research Coordinator, one Research Rater, and one Research Therapist position remains vacant with the management team actively recruiting to fill these positions.

The study is delayed in initiating enrollment as it awaits final regulatory approval from HRPO. It was indicated that approval by the local organization's (Phoebe Putney Memorial Hospital) IRB was required, followed by subsequent reviews by the Department of the Navy (DON) IRB and finally the U.S. Army Office of Research Protections, Human Research Protection Office (ORP, HRPO). DON IRB approval is required due to recruitment of potential subjects from the local Marine Corps Logistics Base (MCLB). Phoebe Putney Memorial Hospital IRB approval has been obtained and DON IRB approval was granted in December 2010. However, upon submission to ORP, HRPO, the necessity of the DON IRB oversight was questioned. Following a lengthy discussion with both ORP, HRPO and the DON IRB staff, the DON IRB

withdrew their approval recommending ORP HRPO oversight of the project with a letter of support from the MCLB Commander. Currently Project staff are awaiting this letter of support for resubmission to ORP HRPO. It is anticipated that all approvals will be received and subject enrollment will commence in the coming quarter.

Initiation of enrollment was anticipated for August 2010. However, multiple IRB submissions as well as coordination between DON IRB and HRPO has posed significant delays for this study. Following AIBS Scientific review and subsequent contracting in August 2009, the previous two years have been spent preparing for multiple submission and reviews for PPMH IRB, DON IRB submission and finally, ORP HRPO submission. No other significant issues causing delay in the study initiation have occurred.

## KEY RESEARCH ACCOMPLISHMENTS

Accomplishments to date have been predominantly administrative and logistic in nature. Regardless, significant milestones have been met. These include the following:

- Design and construction of the study telepsychiatry network at PPMH Clinic sites in Albany, GA, Camilla, GA, Ashburn, GA, Sylvester, GA, and Lee County, GA
    - Receipt of equipment, delivery to PPMH clinics, design of network, and daily testing of equipment
- Hiring and ongoing training of study personnel to include initial research coordinator, two research raters, two research therapists (the research coordinator, one research therapist and one research rater have vacated their positions)
- Obtaining local (PPMH) IRB approval; DON IRB approval; and initial submission to ORP, HRPO
- Contracts for the Research Instruments have been purchased and licensed use permitted to the study for the SF-36 Quality of Life Indicator with Quality Metric and the Patient Satisfaction Questionnaire with Press Ganey. These contracts have been extended until August 2012 in anticipation of a one year no-cost extension
- Professional presentations:
    - May 2010: American Telemedicine Association Annual Conference May Poster Presentation: *Challenges of Implementing a PTSD Telepsychiatry Project: A Hospital Perspective*(Appendix H)
    - April 2010: TATRC Product Line Review
- Database developed, tested, and ready for use
- Fidelity Consultant and Project Manager completion of Beck Institute's Cognitive Therapy training with Drs. Judith and Aaron Beck

## REPORTABLE OUTCOMES

The study is currently in its startup phase. The enrollment of study subjects is pending final ORP HRPO approval. As such, at present there are no outcomes to report.

## CONCLUSION

The present study contributes to the ongoing validation of telepsychiatry in the treatment of PTSD among returning military personnel. Operationally, it is currently undergoing regulatory review. The required network, staff and data collection instruments have been put into place and are undergoing their respective testing and training. It is anticipated that enrollment can begin in the fall of 2011. However, if regulatory approval is granted earlier, our resources will be in place to activate the study. It is expected that up to a one-year time period is needed to meet the enrollment target of 174, although the rate of enrollment will be closely monitored. As such, project staff have formally requested a one year no-cost extension. It is expected that the next annual report will include final results. The expected implication of these results includes demonstrating a model of increased access to care for Active Duty, National Guard, Reservists, and Veterans via telepsychiatry. The results will further validate existing literature on the treatment of this population via telepsychiatry. Overall, increasing access to care through non-military providers in assisting in the management of symptoms, and restoration to functioning levels assists in the fight against PTSD and its disabling effects. To date literature searches have not yielded any peer reviewed results assessing the comparability of combat-related PTSD being treated with CBT face-to-face or via telepsychiatry using a community based institution in a rural area.

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## APPENDICES

**Appendix A**

## The Primary Care PTSD Screen (PC-PTSD)

**Prins, Ouimette, Kimerling et al., 2003**

# Description

The PC-PTSD is a 4-item screen that was designed for use in primary care and other medical settings and is currently used to screen for PTSD in veterans at the VA. The screen includes an introductory sentence to cue respondents to traumatic events. The authors suggest that in most circumstances the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any 3 items. Those screening positive should then be assessed with a structured interview for PTSD. The screen does not include a list of potentially traumatic events.

# Scale

## Instructions

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?

   YES / NO
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

   YES / NO
3. Were constantly on guard, watchful, or easily startled?

   YES / NO
4. Felt numb or detached from others, activities, or your surroundings?

   YES / NO

Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items.

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Prins, A., Ouimette, P., Kimerling, R., Cameron, R. P., Hugelshofer, D. S., Shaw-Hegwer, J., Thrailkill, A., Gusman, F.D., Sheikh, J. I. (2004). The primary care PTSD screen (PC–PTSD): development and operating characteristics. *Primary Care Psychiatry, 9,* 9-14

## Appendix B

### PCL-M

INSTRUCTIONS: Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

| | | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|---|---|---|---|---|---|
| 1. | Repeated, disturbing *memories, thoughts,* or *images* of a stressful military experience? | 1 | 2 | 3 | 4 | 5 |
| 2. | Repeated, disturbing *dreams* of a stressful military experience? | 1 | 2 | 3 | 4 | 5 |
| 3. | Suddenly *acting* or *feeling* as if a stressful military experience *were happening again* (as if you were reliving it)? | 1 | 2 | 3 | 4 | 5 |
| 4. | Feeling *very upset* when *something reminded you* of a stressful military experience? | 1 | 2 | 3 | 4 | 5 |
| 5. | Having *physical reactions* (e.g., heart pounding, trouble breathing, sweating) when *something reminded you* of a stressful military experience? | 1 | 2 | 3 | 4 | 5 |
| 6. | Avoiding *thinking about* or *talking about* a stressful military experience or avoiding *having feelings* related to it? | 1 | 2 | 3 | 4 | 5 |
| 7. | Avoiding *activities* or *situations* because *they reminded you* of a stressful military experience? | 1 | 2 | 3 | 4 | 5 |
| 8. | Trouble *remembering important parts* of a stressful military experience? | 1 | 2 | 3 | 4 | 5 |
| 9. | *Loss of interest* in activities that you used to enjoy? | 1 | 2 | 3 | 4 | 5 |
| 10. | Feeling *distant* or *cut off* from other people? | 1 | 2 | 3 | 4 | 5 |
| 11. | Feeling *emotionally numb* or being unable to have loving feelings for those close to you? | 1 | 2 | 3 | 4 | 5 |
| 12. | Feeling as if your *future* will somehow be *cut short*? | 1 | 2 | 3 | 4 | 5 |
| 13. | Trouble *falling* or *staying asleep*? | 1 | 2 | 3 | 4 | 5 |
| 14. | Feeling *irritable* or having *angry outbursts*? | 1 | 2 | 3 | 4 | 5 |
| 15. | Having *difficulty concentrating*? | 1 | 2 | 3 | 4 | 5 |
| 16. | Being "*super-alert*" or watchful or on guard? | 1 | 2 | 3 | 4 | 5 |
| 17. | Feeling *jumpy* or easily startled? | 1 | 2 | 3 | 4 | 5 |

**PCL-M for DSM-IV (11/1/94)** Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

# Appendix C

**PTSD Diagnostic Criteria**
**DSM-IV-TR**

**Subject ID_____Date:_____**

Diagnostic criteria for PTSD include a history of exposure to a traumatic event (meeting two criteria) and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning.

**Criterion A: stressor**
The person has been exposed to a traumatic event in which **both** of the following have been present:

- ❑ The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others;
- ❑ The person's response involved intense fear, helplessness, or horror.

**Criterion B: intrusive recollection**
The traumatic event is persistently re-experienced in at least **one (or more)** of the following ways:

- ❑ Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed;
- ❑ Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content;
- ❑ Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific reenactment may occur;
- ❑ Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event;
- ❑ Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

**Criterion C: avoidant/numbing**
Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least **three** of the following:

- ❑ Efforts to avoid thoughts, feelings, or conversations associated with the trauma;
- ❑ Efforts to avoid activities, places, or people that arouse recollections of the trauma;
- ❑ Inability to recall an important aspect of the trauma;
- ❑ Markedly diminished interest or participation in significant activities;
- ❑ Feeling of detachment or estrangement from others;
- ❑ Restricted range of affect (e.g., unable to have loving feelings);
- ❑ Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

**Criterion D: hyper-arousal**
Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least **two** of the following:

- ❑ Difficulty falling or staying asleep;
- ❑ Irritability or outbursts of anger;
- ❑ Difficulty concentrating;
- ❑ Hyper-vigilance;
- ❑ Exaggerated startle response.

**Criterion E: duration**

- ❑ Duration of the disturbance (symptoms in B, C, and D) is more than one month.

**Criterion F: functional significance**

- ❑ The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Specify if**:

- ❑ **Acute:** if duration of symptoms is less than three months (length of sxs:_____)
- ❑ **Chronic:** if duration of symptoms is three months or more (length of sxs:_____)

**Specify if:**

- ❑ With or
- ❑ Without delay onset: Onset of symptoms at least six months after the stressor

**Appendix D**

## National Center for PTSD

# CLINICIAN-ADMINISTERED PTSD SCALE FOR DSM-IV

Name: _____ ID # :_____

Date: _____

Interviewer: _____

Study: _____

Dudley D. Blake, Frank W. Weathers, Linda M. Nagy, Danny G. Kaloupek, Dennis S. Charney, & Terence M. Keane

National Center for Posttraumatic Stress Disorder

Behavioral Science Division -- Boston VA Medical Center
Neurosciences Division -- West Haven VA Medical Center

Revised July 1998

**Criterion A. The person has been exposed to a traumatic event in which both of the following were present:**
**(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others**
**(2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior**

**I'm going to be asking you about some difficult or stressful things that sometimes happen to people. Some examples of this are being in some type of serious accident; being in a fire, a hurricane, or an earthquake; being mugged or beaten up or attacked with a weapon; or being forced to have sex when you didn't want to. I'll start by asking you to look over a list of experiences like this and check any that apply to you. Then, if any of them do apply to you, I'll ask you to briefly describe what happened and how you felt at the time.**

**Some of these experiences may be hard to remember or may bring back uncomfortable memories or feelings. People often find that talking about them can be helpful, but it's up to you to decide how much you want to tell me. As we go along, if you find yourself becoming upset, let me know and we can slow down and talk about it. Also, if you have any questions or you don't understand something, please let me know. Do you have any questions before we start?**

ADMINISTER CHECKLIST, THEN REVIEW AND INQUIRE UP TO THREE EVENTS. IF MORE THAN THREE EVENTS ENDORSED, DETERMINE WHICH THREE EVENTS TO INQUIRE (E.G., FIRST, WORST, AND MOST RECENT EVENTS; THREE WORST EVENTS; TRAUMA OF INTEREST PLUS TWO OTHER WORST EVENTS, ETC.)

IF NO EVENTS ENDORSED ON CHECKLIST: *(Has there ever been a time when your life was in danger or you were seriously injured or harmed?)*

IF NO: *(What about a time when you were threatened with death or serious injury, even if you weren't actually injured or harmed?)*

IF NO: *(What about witnessing something like this happen to someone else or finding out that it happened to someone close to you?)*

IF NO: *(What would you say are some of the most stressful experiences you have had over your life?)*

EVENT #1

| | |
|---|---|
| **What happened?** *(How old were you? Who else was involved? How many times did this happen? Life threat? Serious injury?)* | *Describe (e.g., event type, victim, perpetrator, age, frequency):* |
| **How did you respond emotionally?** *(Were you very anxious or frightened? Horrified? Helpless? How so? Were you stunned or in shock so that you didn't feel anything at all? What was that like? What did other people notice about your emotional response? What about after the event -- how did you respond emotionally?)* | *A. (1)*<br>*Life threat? NO YES [self other ]*<br>*Serious injury? NO YES [self other ]*<br>*Threat to physical integrity? NO YES [self other ]*<br>*A. (2)*<br>*Intense fear/help/horror? NO YES [during after ]*<br>*Criterion A met? NO PROBABLE YES* |

EVENT #2

| | |
|---|---|
| **What happened?** *(How old were you? Who else was involved? How many times did this happen? Life threat? Serious injury?)* | *Describe (e.g., event type, victim, perpetrator, age, frequency):* |
| **How did you respond emotionally?** *(Were you very anxious or frightened? Horrified? Helpless? How so? Were you stunned or in shock so that you didn't feel anything at all? What was that like? What did other people notice about your emotional response? What about after the event -- how did you respond emotionally?)* | *A. (1)*<br>*Life threat? NO YES [self other ]*<br>*Serious injury? NO YES [self other ]*<br>*Threat to physical integrity? NO YES [self other ]*<br>*A. (2)*<br>*Intense fear/help/horror? NO YES [during after ]*<br>*Criterion A met? NO PROBABLE YES* |

EVENT #3

| | |
|---|---|
| **What happened?** *(How old were you? Who else was involved? How many times did this happen? Life threat? Serious injury?)* | *Describe (e.g., event type, victim, perpetrator, age, frequency):* |
| **How did you respond emotionally?** *(Were you very anxious or frightened? Horrified? Helpless? How so? Were you stunned or in shock so that you didn't feel anything at all? What was that like? What did other people notice about your emotional response? What about after the event -- how did you respond emotionally?)* | *A. (1)*<br>*Life threat? NO YES [self other ]*<br>*Serious injury? NO YES [self other ]*<br>*Threat to physical integrity? NO YES [self other ___]*<br>*A. (2)*<br>*Intense fear/help/horror? NO YES [during after ___]*<br>*Criterion A met? NO PROBABLE YES* |

**For the rest of the interview, I want you to keep (EVENTS) in mind as I ask you some questions about how they may have affected you.**

**I'm going to ask you about twenty-five questions altogether. Most of them have two parts. First, I'll ask if you've ever had a particular problem, and if so, about how often in the past month *(week)*. Then I'll ask you how much distress or discomfort that problem may have caused you.**

**Criterion B. The traumatic event is persistently reexperienced in one (or more) of the following ways:**

**1. (B-1)** recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
**Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you ever had unwanted memories of (EVENT)? What were they like?** *(What did you remember?)* [IF NOT CLEAR:] *(Did they ever occur while you were awake, or only in dreams?)* [EXCLUDE IF MEMORIES OCCURRED ONLY DURING DREAMS] **How often have you had these memories in the past month *(week)*?**<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How much distress or discomfort did these memories cause you? Were you able to put them out of your mind and think about something else?** *(How hard did you have to try?)* **How much did they interfere with your life?**<br><br>0 None<br>1 Mild, minimal distress or disruption of activities<br>2 Moderate, distress clearly present but still manageable, some disruption of activities<br>3 Severe, considerable distress, difficulty dismissing memories, marked disruption of activities<br>4 Extreme, incapacitating distress, cannot dismiss memories, unable to continue activities<br><br>***QV (specify)***<br>**_____** | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**2. (B-2)** recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you ever had unpleasant dreams about (EVENT)? Describe a typical dream.** *(What happens in them?)* **How often have you had these dreams in the past month *(week)*?**<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How much distress or discomfort did these dreams cause you? Did they ever wake you up?** [IF YES:] *(What happened when you woke up? How long did it take you to get back to sleep?)* [LISTEN FOR REPORT OF ANXIOUS AROUSAL, YELLING, ACTING OUT THE NIGHTMARE] *(Did your dreams ever affect anyone else? How so?)*<br><br>0 None<br>1 Mild, minimal distress, may not have awoken<br>2 Moderate, awoke in distress but readily returned to sleep<br>3 Severe, considerable distress, difficulty returning to sleep<br>4 Extreme, incapacitating distress, did not return to sleep<br><br>***QV (specify)***<br>**_____** | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**3. (B-3)** acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). **Note:** In young children, trauma-specific reenactment may occur.

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you ever suddenly acted or felt as if (EVENT) were happening again?** *(Have you ever had flashbacks about [EVENT]?)* [IF NOT CLEAR:] *(Did this ever occur while you were awake, or only in dreams?)* [EXCLUDE IF OCCURRED ONLY DURING DREAMS] **Tell me more about that. How often has that happened in the past month *(week)*?**<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How much did it seem as if (EVENT) were happening again?** *(Were you confused about where you actually were or what you were doing at the time?)* **How long did it last? What did you do while this was happening?** *(Did other people notice your behavior? What did they say?)*<br><br>0 No reliving<br>1 Mild, somewhat more realistic than just thinking about event<br>2 Moderate, definite but transient dissociative quality, still very aware of surroundings, daydreaming quality<br>3 Severe, strongly dissociative (reports images, sounds, or smells) but retained some awareness of surroundings<br>4 Extreme, complete dissociation (flashback), no awareness of surroundings, may be unresponsive, possible amnesia for the episode (blackout)<br><br>***QV (specify)***<br>**_____** | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**4. (B-4)** intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you ever gotten emotionally upset when something reminded you of (EVENT)?** *(Has anything ever triggered bad feelings related to [EVENT]?)* **What kinds of reminders made you upset? How often in the past month *(week)*?**<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How much distress or discomfort did (REMINDERS) cause you? How long did it last? How much did it interfere with your life?**<br><br>0 None<br>1 Mild, minimal distress or disruption of activities<br>2 Moderate, distress clearly present but still manageable, some disruption of activities<br>3 Severe, considerable distress, marked disruption of activities<br>4 Extreme, incapacitating distress, unable to continue activities<br><br>***QV (specify)***<br>**_____** | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**5. (B-5)** physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you ever had any physical reactions when something reminded you of (EVENT)?** *(Did your body ever react in some way when something reminded you of [EVENT]?)* **Can you give me some examples?** *(Did your heart race or did your breathing change? What about sweating or feeling really tense or shaky?)* **What kinds of reminders triggered these reactions? How often in the past month *(week)*?**<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How strong were (PHYSICAL REACTIONS)? How long did they last?** *(Did they last even after you were out of the situation?)*<br><br>0 No physical reactivity<br>1 Mild, minimal reactivity<br>2 Moderate, physical reactivity clearly present, may be sustained if exposure continues<br>3 Severe, marked physical reactivity, sustained throughout exposure<br>4 Extreme, dramatic physical reactivity, sustained arousal even after exposure has ended<br><br>***QV (specify)***<br>**_____** | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**Criterion C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:**

**6. (C-1)** efforts to avoid thoughts, feelings, or conversations associated with the trauma

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you ever tried to avoid thoughts or feelings about (EVENT)?** *(What kinds of thoughts or feelings did you try to avoid?)* **What about trying to avoid talking with other people about it?** *(Why is that?)* **How often in the past month *(week)*?**<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How much effort did you make to avoid (THOUGHTS/FEELINGS/CONVERSATIONS)?** *(What kinds of things did you do? What about drinking or using medication or street drugs?)* [CONSIDER ALL ATTEMPTS AT AVOIDANCE, INCLUDING DISTRACTION, SUPPRESSION, AND USE OF ALCOHOL/DRUGS] **How much did that interfere with your life?**<br><br>0 None<br>1 Mild, minimal effort, little or no disruption of activities<br>2 Moderate, some effort, avoidance definitely present, some disruption of activities<br>3 Severe, considerable effort, marked avoidance, marked disruption of activities, or involvement in certain activities as avoidant strategy<br>4 Extreme, drastic attempts at avoidance, unable to continue activities, or excessive involvement in certain activities as avoidant strategy<br><br>***QV (specify)***<br>**_____** | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**7. (C-2)** efforts to avoid activities, places, or people that arouse recollections of the trauma

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you ever tried to avoid certain activities, places, or people that reminded you of (EVENT)?** *(What kinds of things did you avoid? Why is that?)* **How often in the past month *(week)*?**<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How much effort did you make to avoid (ACTIVITIES/PLACES/PEOPLE)?** *(What did you do instead?)* **How much did that interfere with your life?**<br><br>0 None<br>1 Mild, minimal effort, little or no disruption of activities<br>2 Moderate, some effort, avoidance definitely present, some disruption of activities<br>3 Severe, considerable effort, marked avoidance, marked disruption of activities or involvement in certain activities as avoidant strategy<br>4 Extreme, drastic attempts at avoidance, unable to continue activities, or excessive involvement in certain activities as avoidant strategy<br><br>***QV (specify)***<br>**_____** | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**8. (C-3)** inability to recall an important aspect of the trauma

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you had difficulty remembering some important parts of (EVENT)? Tell me more about that.** *(Do you feel you should be able to remember these things? Why do you think you can't?)* **In the past month *(week)*, how much of the important parts of (EVENT) have you had difficulty remembering?** *(What parts do you still remember?)*<br><br>0 None, clear memory<br>1 Few aspects not remembered (less than 10%)<br>2 Some aspects not remembered (approx 20-30%)<br>3 Many aspects not remembered (approx 50-60%)<br>4 Most or all aspects not remembered (more than 80%)<br><br>***Description/Examples*** | **How much difficulty did you have recalling important parts of (EVENT)?** *(Were you able to recall more if you tried?)*<br><br>0 None<br>1 Mild, minimal difficulty<br>2 Moderate, some difficulty, could recall with effort<br>3 Severe, considerable difficulty, even with effort<br>4 Extreme, completely unable to recall important aspects of event<br><br>***QV (specify)***<br>**_____** | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**9. (C-4)** markedly diminished interest or participation in significant activities

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you been less interested in activities that you used to enjoy?** *(What kinds of things have you lost interest in? Are there some things you don't do at all anymore? Why is that?)* [EXCLUDE IF NO OPPORTUNITY, IF PHYSICALLY UNABLE, OR IF DEVELOPMENTALLY APPROPRIATE CHANGE IN PREFERRED ACTIVITIES] **In the past month *(week)*, how many activities have you been less interested in?** *(What kinds of things do you still enjoy doing?)* **When did you first start to feel that way?** *(After the [EVENT]?)*<br><br>0 None<br>1 Few activities (less than 10%)<br>2 Some activities (approx 20-30%)<br>3 Many activities (approx 50-60%)<br>4 Most or all activities (more than 80%)<br><br>***Description/Examples*** | **How strong was your loss of interest?** *(Would you enjoy [ACTIVITIES] once you got started?)*<br><br>0 No loss of interest<br>1 Mild, slight loss of interest, probably would enjoy after starting activities<br>2 Moderate, definite loss of interest, but still has some enjoyment of activities<br>3 Severe, marked loss of interest in activities<br>4 Extreme, complete loss of interest, no longer participates in any activities<br><br>***QV (specify)***<br>**_____**<br><br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**10. (C-5)** feeling of detachment or estrangement from others

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you felt distant or cut off from other people? What was that like? How much of the time in the past month *(week)* have you felt that way? When did you first start to feel that way?** *(After the [EVENT]?)*<br><br>0 None of the time<br>1 Very little of the time (less than 10%)<br>2 Some of the time (approx 20-30%)<br>3 Much of the time (approx 50-60%)<br>4 Most or all of the time (more than 80%)<br><br>***Description/Examples*** | **How strong were your feelings of being distant or cut off from others?** *(Who do you feel closest to? How many people do you feel comfortable talking with about personal things?)*<br><br>0 No feelings of detachment or estrangement<br>1 Mild, may feel "out of synch" with others<br>2 Moderate, feelings of detachment clearly present, but still feels some interpersonal connection<br>3 Severe, marked feelings of detachment or estrangement from most people, may feel close to only one or two people<br>4 Extreme, feels completely detached or estranged from others, not close with anyone<br><br>***QV (specify)***<br>**_____**<br><br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**11. (C-6)** restricted range of affect (e.g., unable to have loving feelings)

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have there been times when you felt emotionally numb or had trouble experiencing feelings like love or happiness? What was that like?** *(What feelings did you have trouble experiencing?)* **How much of the time in the past month *(week)* have you felt that way? When did you first start having trouble experiencing (EMOTIONS)?** *(After the [EVENT]?)*<br><br>0 None of the time<br>1 Very little of the time (less than 10%)<br>2 Some of the time (approx 20-30%)<br>3 Much of the time (approx 50-60%)<br>4 Most or all of the time (more than 80%)<br><br>***Description/Examples*** | **How much trouble did you have experiencing (EMOTIONS)?** *(What kinds of feelings were you still able to experience?)* [INCLUDE OBSERVATIONS OF RANGE OF AFFECT DURING INTERVIEW]<br><br>0 No reduction of emotional experience<br>1 Mild, slight reduction of emotional experience<br>2 Moderate, definite reduction of emotional experience, but still able to experience most emotions<br>3 Severe, marked reduction of experience of at least two primary emotions (e.g., love, happiness)<br>4 Extreme, completely lacking emotional experience<br><br>***QV (specify)***<br>**_____**<br><br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**12. (C-7)** sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have there been times when you felt there is no need to plan for the future, that somehow your future will be cut short? Why is that?** [RULE OUT REALISTIC RISKS SUCH AS LIFE-THREATENING MEDICAL CONDITIONS] **How much of the time in the past month *(week)* have you felt that way? When did you first start to feel that way?** *(After the [EVENT]?)*<br><br>0 None of the time<br>1 Very little of the time (less than 10%)<br>2 Some of the time (approx 20-30%)<br>3 Much of the time (approx 50-60%)<br>4 Most or all of the time (more than 80%)<br><br>***Description/Examples*** | **How strong was this feeling that your future will be cut short?** *(How long do you think you will live? How convinced are you that you will die prematurely?)*<br><br>0 No sense of a foreshortened future<br>1 Mild, slight sense of a foreshortened future<br>2 Moderate, sense of a foreshortened future definitely present, but no specific prediction about longevity<br>3 Severe, marked sense of a foreshortened future, may make specific prediction about longevity<br>4 Extreme, overwhelming sense of a foreshortened future, completely convinced of premature death<br><br>***QV (specify)***<br>**_____**<br><br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**Criterion D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:**

**13. (D-1)** difficulty falling or staying asleep

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you had any problems falling or staying asleep? How often in the past month *(week)*? When did you first start having problems sleeping?** *(After the [EVENT]?)*<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>Sleep onset problems? Y N<br><br>Mid-sleep awakening? Y N<br><br>Early a.m. awakening? Y N<br><br>Total # hrs sleep/night _____<br><br>Desired # hrs sleep/night _____ | **How much of a problem did you have with your sleep?** *(How long did it take you to fall asleep? How often did you wake up in the night? Did you often wake up earlier than you wanted to? How many total hours did you sleep each night?)*<br><br>0 No sleep problems<br>1 Mild, slightly longer latency, or minimal difficulty staying asleep (up to 30 minutes loss of sleep)<br>2 Moderate, definite sleep disturbance, clearly longer latency, or clear difficulty staying asleep (30-90 minutes loss of sleep)<br>3 Severe, much longer latency, or marked difficulty staying asleep (90 min to 3 hrs loss of sleep)<br>4 Extreme, very long latency, or profound difficulty staying asleep (> 3 hrs loss of sleep)<br><br>***QV (specify)***<br>**_____**<br><br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**14. (D-2)** irritability or outbursts of anger

| ***Frequency*** | ***Intensity*** | ***F***<br>***I*** |
|---|---|---|
| **Have there been times when you felt especially irritable or showed strong feelings of anger? Can you give me some examples? How often in the past month *(week)*? When did you first start feeling that way?** *(After the [EVENT]?)*<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How strong was your anger?** *(How did you show it?)* [IF REPORTS SUPPRESSION:] *(How hard was it for you to keep from showing your anger?)* **How long did it take you to calm down? Did your anger cause you any problems?**<br><br>0 No irritability or anger<br>1 Mild, minimal irritability, may raise voice when angry<br>2 Moderate, definite irritability or attempts to suppress anger, but can recover quickly<br>3 Severe, marked irritability or marked attempts to suppress anger, may become verbally or physically aggressive when angry<br>4 Extreme, pervasive anger or drastic attempts to suppress anger, may have episodes of physical violence<br><br>***QV (specify)***<br>**_____**<br><br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____<br>***Past week*** | ***Past month***<br>_____<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F I***<br>***Sx: Y N*** |

**15. (D-3)** difficulty concentrating

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you found it difficult to concentrate on what you were doing or on things going on around you? What was that like? How much of the time in the past month *(week)*? When did you first start having trouble concentrating?** *(After the [EVENT]?)*<br><br>0 None of the time<br>1 Very little of the time (less than 10%)<br>2 Some of the time (approx 20-30%)<br>3 Much of the time (approx 50-60%)<br>4 Most or all of the time (more than 80%)<br><br>***Description/Examples*** | **How difficult was it for you to concentrate?** [INCLUDE OBSERVATIONS OF CONCENTRATION AND ATTENTION IN INTERVIEW] **How much did that interfere with your life?**<br><br>0 No difficulty with concentration<br>1 Mild, only slight effort needed to concentrate, little or no disruption of activities<br>2 Moderate, definite loss of concentration but could concentrate with effort, some disruption of activities<br>3 Severe, marked loss of concentration even with effort, marked disruption of activities<br>4 Extreme, complete inability to concentrate, unable to engage in activities<br><br>***QV (specify)***<br>**_____**<br><br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**16. (D-4)** hypervigilance

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you been especially alert or watchful, even when there was no real need to be?** *(Have you felt as if you were constantly on guard?)* **Why is that? How much of the time in the past month *(week)*? When did you first start acting that way?** *(After the [EVENT]?)*<br><br>0 None of the time<br>1 Very little of the time (less than 10%)<br>2 Some of the time (approx 20-30%)<br>3 Much of the time (approx 50-60%)<br>4 Most or all of the time (more than 80%)<br><br>***Description/Examples*** | **How hard did you try to be watchful of things going on around you?** [INCLUDE OBSERVATIONS OF HYPERVIGILANCE IN INTERVIEW] **Did your (HYPERVIGILANCE) cause you any problems?**<br><br>0 No hypervigilance<br>1 Mild, minimal hypervigilance, slight heightening of awareness<br>2 Moderate, hypervigilance clearly present, watchful in public (e.g., chooses safe place to sit in a restaurant or movie theater)<br>3 Severe, marked hypervigilance, very alert, scans environment for danger, exaggerated concern for safety of self/family/home<br>4 Extreme, excessive hypervigilance, efforts to ensure safety consume significant time and energy and may involve extensive safety/checking behaviors, marked watchfulness during interview<br><br>***QV (specify)***<br>**_____**<br><br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**17. (D-5)** exaggerated startle response

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have you had any strong startle reactions? When did that happen?** *(What kinds of things made you startle?)* **How often in the past month *(week)*? When did you first have these reactions?** *(After the [EVENT]?)*<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How strong were these startle reactions?** *(How strong were they compared to how most people would respond?)* **How long did they last?**<br><br>0 No startle reaction<br>1 Mild, minimal reaction<br>2 Moderate, definite startle reaction, feels "jumpy"<br>3 Severe, marked startle reaction, sustained arousal following initial reaction<br>4 Extreme, excessive startle reaction, overt coping behavior (e.g., combat veteran who "hits the dirt")<br><br>***QV (specify)***<br>**_____**<br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**Criterion E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.**

**18.** onset of symptoms

| | |
|---|---|
| [IF NOT ALREADY CLEAR:] **When did you first start having (PTSD SYMPTOMS) you've told me about?** *(How long after the trauma did they start? More than six months?)* | **_____ *total # months delay in onset***<br>***With delayed onset (> 6 months)? NO YES*** |

**19.** duration of symptoms

| | | ***Current*** | ***Lifetime*** |
|---|---|---|---|
| [CURRENT] **How long have these (PTSD SYMPTOMS) lasted altogether?**<br><br>[LIFETIME] **How long did these (PTSD SYMPTOMS) last altogether?** | *Duration more than 1 month?* | ***NO YES*** | ***NO YES*** |
| | *Total # months duration* | _____ | _____ |
| | *Acute (< 3 months) or chronic (> 3 months)?* | ***acute chronic*** | ***acute chronic*** |

**Criterion F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.**

**20.** subjective distress

| | | ***Past week*** |
|---|---|---|
| [CURRENT] **Overall, how much have you been bothered by these (PTSD SYMPTOMS) you've told me about?** [CONSIDER DISTRESS REPORTED ON EARLIER ITEMS]<br><br>[LIFETIME] **Overall, how much were you bothered by these (PTSD SYMPTOMS) you've told me about?** [CONSIDER DISTRESS REPORTED ON EARLIER ITEMS] | 0 None<br>1 Mild, minimal distress<br>2 Moderate, distress clearly present but still manageable<br>3 Severe, considerable distress<br>4 Extreme, incapacitating distress | ____<br>***Past month***<br>____<br>***Lifetime*** |

**21.** impairment in social functioning

| | | |
|---|---|---|
| [CURRENT] **Have these (PTSD SYMPTOMS) affected your relationships with other people? How so?** [CONSIDER IMPAIRMENT IN SOCIAL FUNCTIONING REPORTED ON EARLIER ITEMS]<br><br>[LIFETIME] **Did these (PTSD SYMPTOMS) affect your social life? How so?** [CONSIDER IMPAIRMENT IN SOCIAL FUNCTIONING REPORTED ON EARLIER ITEMS] | 0 No adverse impact<br>1 Mild impact, minimal impairment in social functioning<br>2 Moderate impact, definite impairment, but many aspects of social functioning still intact<br>3 Severe impact, marked impairment, few aspects of social functioning still intact<br>4 Extreme impact, little or no social functioning | ***Past week***<br>____<br>***Past month***<br><br>***Lifetime***<br>____ |

**22.** impairment in occupational or other important area of functioning

| | | |
|---|---|---|
| [CURRENT -- IF NOT ALREADY CLEAR] **Are you working now?**<br><br>IF YES: **Have these (PTSD SYMPTOMS) affected your work or your ability to work? How so?** [CONSIDER REPORTED WORK HISTORY, INCLUDING NUMBER AND DURATION OF JOBS, AS WELL AS THE QUALITY OF WORK RELATIONSHIPS. IF PREMORBID FUNCTIONING IS UNCLEAR, INQUIRE ABOUT WORK EXPERIENCES BEFORE THE TRAUMA. FOR CHILD/ADOLESCENT TRAUMAS, ASSESS PRE-TRAUMA SCHOOL PERFORMANCE AND POSSIBLE PRESENCE OF BEHAVIOR PROBLEMS]<br><br>IF NO: **Have these (PTSD SYMPTOMS) affected any other important part of your life?** [AS APPROPRIATE, SUGGEST EXAMPLES SUCH AS PARENTING, HOUSEWORK, SCHOOLWORK, VOLUNTEER WORK, ETC.] **How so?**<br><br>[LIFETIME -- IF NOT ALREADY CLEAR] **Were you working then?**<br><br>IF YES: **Did these (PTSD SYMPTOMS) affect your work or your ability to work? How so?** [CONSIDER REPORTED WORK HISTORY, INCLUDING NUMBER AND DURATION OF JOBS, AS WELL AS THE QUALITY OF WORK RELATIONSHIPS. IF PREMORBID FUNCTIONING IS UNCLEAR, INQUIRE ABOUT WORK EXPERIENCES BEFORE THE TRAUMA. FOR CHILD/ADOLESCENT TRAUMAS, ASSESS PRE-TRAUMA SCHOOL PERFORMANCE AND POSSIBLE PRESENCE OF BEHAVIOR PROBLEMS]<br><br>IF NO: **Did these (PTSD SYMPTOMS) affect any other important part of your life?** [AS APPROPRIATE, SUGGEST EXAMPLES SUCH AS PARENTING, HOUSEWORK, SCHOOLWORK, VOLUNTEER WORK, ETC.]**How so?** | 0 No adverse impact<br>1 Mild impact, minimal impairment in occupational/other important functioning<br>2 Moderate impact, definite impairment, but many aspects of occupational/other important functioning still intact<br>3 Severe impact, marked impairment, few aspects of occupational/other important functioning still intact<br>4 Extreme impact, little or no occupational/other important functioning | ***Past week***<br>____<br>***Past month***<br><br>***Lifetime***<br>____ |

## Global Ratings

**23.** global validity

| | |
|---|---|
| ESTIMATE THE OVERALL VALIDITY OF RESPONSES. CONSIDER FACTORS SUCH AS COMPLIANCE WITH THE INTERVIEW, MENTAL STATUS (E.G., PROBLEMS WITH CONCENTRATION, COMPREHENSION OF ITEMS, DISSOCIATION), AND EVIDENCE OF EFFORTS TO EXAGGERATE OR MINIMIZE SYMPTOMS. | 0 Excellent, no reason to suspect invalid responses<br>1 Good, factors present that may adversely affect validity<br>2 Fair, factors present that definitely reduce validity<br>3 Poor, substantially reduced validity<br>4 Invalid responses, severely impaired mental status or possible deliberate “faking bad” or “faking good” |

**24.** global severity

| | | |
|---|---|---|
| ESTIMATE THE OVERALL SEVERITY OF PTSD SYMPTOMS. CONSIDER DEGREE OF SUBJECTIVE DISTRESS, DEGREE OF FUNCTIONAL IMPAIRMENT, OBSERVATIONS OF BEHAVIORS IN INTERVIEW, AND JUDGMENT REGARDING REPORTING STYLE. | 0 No clinically significant symptoms, no distress and no functional impairment<br>1 Mild, minimal distress or functional impairment<br>2 Moderate, definite distress or functional impairment but functions satisfactorily with effort<br>3 Severe, considerable distress or functional impairment, limited functioning even with effort<br>4 Extreme, marked distress or marked impairment in two or more major areas of functioning | ***Past week***<br>____<br>***Past month***<br>***Lifetime*** |

**25.** global improvement

| | |
|---|---|
| RATE TOTAL OVERALL IMPROVEMENT PRESENT SINCE THE INITIAL RATING. IF NO EARLIER RATING, ASK HOW THE SYMPTOMS ENDORSED HAVE CHANGED OVER THE PAST 6 MONTHS. RATE THE DEGREE OF CHANGE, WHETHER OR NOT, IN YOUR JUDGMENT, IT IS DUE TO TREATMENT. | 0 Asymptomatic<br>1 Considerable improvement<br>2 Moderate improvement<br>3 Slight improvement<br>4 No improvement<br>5 Insufficient information |

**Current PTSD Symptoms**

*Criterion A met (traumatic event)?* *NO YES*

*# Criterion B sx (> 1)?* *NO YES*

*# Criterion C sx (> 3)?* *NO YES*

*# Criterion D sx (> 2)?* *NO YES*

*Criterion E met (duration > 1 month)?* *NO YES*

*Criterion F met (distress/impairment)?* *NO YES*

_____

*CURRENT PTSD (Criteria A-F met)?* *NO YES*

IF CURRENT PTSD CRITERIA ARE MET, SKIP TO ASSOCIATED FEATURES.

IF CURRENT CRITERIA ARE NOT MET, ASSESS FOR LIFETIME PTSD. IDENTIFY A PERIOD OF AT LEAST A MONTH SINCE THE TRAUMATIC EVENT IN WHICH SYMPTOMS WERE WORSE.

**Since the (EVENT), has there been a time when these (PTSD SYMPTOMS) were a lot worse than they have been in the past month? When was that? How long did it last?** *(At least a month?)*

IF MULTIPLE PERIODS IN THE PAST: **When were you bothered the most by these (PTSD SYMPTOMS)?**

IF AT LEAST ONE PERIOD, INQUIRE ITEMS 1-17, CHANGING FREQUENCY PROMPTS TO REFER TO WORST PERIOD: **During that time, did you (EXPERIENCE SYMPTOM)? How often?**

**Lifetime PTSD Symptoms**

*Criterion A met (traumatic event)?* *NO YES*

*# Criterion B sx (> 1)?* *NO YES*

*# Criterion C sx (> 3)?* *NO YES*

*# Criterion D sx (> 2)?* *NO YES*

*Criterion E met (duration > 1 month)?* *NO YES*

*Criterion F met (distress/impairment)?* *NO YES*

_____

*LIFETIME PTSD (Criteria A-F met)?* *NO YES*

**Associated Features**

**26.** guilt over acts of commission or omission

| *Frequency* | *Intensity* | *Past week* |
|---|---|---|
| **Have you felt guilty about anything you did or didn't do during (EVENT)? Tell me more about that.** *(What do you feel guilty about?)* **How much of the time have you felt that way in the past month *(week)*?**<br><br>0 None of the time<br>1 Very little of the time (less than 10%)<br>2 Some of the time (approx 20-30%)<br>3 Much of the time (approx 50-60%)<br>4 Most or all of the time (more than 80%)<br><br>***Description/Examples*** | **How strong were these feelings of guilt? How much distress or discomfort did they cause?**<br><br>0 No feelings of guilt<br>1 Mild, slight feelings of guilt<br>2 Moderate, guilt feelings definitely present, some distress but still manageable<br>3 Severe, marked feelings of guilt, considerable distress<br>4 Extreme, pervasive feelings of guilt, self-condemnation regarding behavior, incapacitating distress<br><br>***QV (specify)***<br>**_____** | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**27.** survivor guilt [APPLICABLE ONLY IF MULTIPLE VICTIMS]

| *Frequency* | *Intensity* | *Past week* |
|---|---|---|
| **Have you felt guilty about surviving (EVENT) when others did not? Tell me more about that.** *(What do you feel guilty about?)* **How much of the time have you felt that way in the past month *(week)*?**<br><br>0 None of the time<br>1 Very little of the time (less than 10%)<br>2 Some of the time (approx 20-30%)<br>3 Much of the time (approx 50-60%)<br>4 Most or all of the time (more than 80%)<br>8 N/A<br><br>***Description/Examples*** | **How strong were these feelings of guilt? How much distress or discomfort did they cause?**<br><br>0 No feelings of guilt<br>1 Mild, slight feelings of guilt<br>2 Moderate, guilt feelings definitely present, some distress but still manageable<br>3 Severe, marked feelings of guilt, considerable distress<br>4 Extreme, pervasive feelings of guilt, self-condemnation regarding survival, incapacitating distress<br><br>***QV (specify)***<br>**_____** | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**28.** a reduction in awareness of his or her surroundings (e.g., **"**being in a daze")

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have there been times when you felt out of touch with things going on around you, like you were in a daze? What was that like?** [DISTINGUISH FROM FLASHBACK EPISODES] **How often has that happened in the past month *(week)*?** [IF NOT CLEAR:] *(Was it due to an illness or the effects of drugs or alcohol?)* **When did you first start feeling that way?** *(After the [EVENT]?)*<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How strong was this feeling of being out of touch or in a daze?** *(Were you confused about where you actually were or what you were doing at the time?)* **How long did it last? What did you do while this was happening?** *(Did other people notice your behavior? What did they say?)*<br><br>0 No reduction in awareness<br>1 Mild, slight reduction in awareness<br>2 Moderate, definite but transient reduction in awareness, may report feeling "spacy"<br>3 Severe, marked reduction in awareness, may persist for several hours<br>4 Extreme, complete loss of awareness of surroundings, may be unresponsive, possible amnesia for the episode (blackout)<br><br>***QV (specify)***<br>**_____**<br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**29.** derealization

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have there been times when things going on around you seemed unreal or very strange and unfamiliar?** [IF NO:] *(What about times when people you knew suddenly seemed unfamiliar?)* **What was that like? How often has that happened in the past month *(week)*?** [IF NOT CLEAR:] *(Was it due to an illness or the effects of drugs or alcohol?)* **When did you first start feeling that way?** *(After the [EVENT]?)*<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How strong was (DEREALIZATION)? How long did it last? What did you do while this was happening?** *(Did other people notice your behavior? What did they say?)*<br><br>0 No derealization<br>1 Mild, slight derealization<br>2 Moderate, definite but transient derealization<br>3 Severe, considerable derealization, marked confusion about what is real, may persist for several hours<br>4 Extreme, profound derealization, dramatic loss of sense of reality or familiarity<br><br>***QV (specify)***<br>**_____**<br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

**30.** depersonalization

| ***Frequency*** | ***Intensity*** | ***Past week*** |
|---|---|---|
| **Have there been times when you felt as if you were outside of your body, watching yourself as if you were another person?** [IF NO:] *(What about times when your body felt strange or unfamiliar to you, as if it had changed in some way?)* **What was that like? How often has that happened in the past month *(week)*?** [IF NOT CLEAR:] *(Was it due to an illness or the effects of drugs or alcohol?)* **When did you first start feeling that way?** *(After the [EVENT]?)*<br><br>0 Never<br>1 Once or twice<br>2 Once or twice a week<br>3 Several times a week<br>4 Daily or almost every day<br><br>***Description/Examples*** | **How strong was (DEPERSONALIZATION)? How long did it last? What did you do while this was happening?** *(Did other people notice your behavior? What did they say?)*<br><br>0 No depersonalization<br>1 Mild, slight depersonalization<br>2 Moderate, definite but transient depersonalization<br>3 Severe, considerable depersonalization, marked sense of detachment from self, may persist for several hours<br>4 Extreme, profound depersonalization, dramatic sense of detachment from self<br><br>***QV (specify)***<br>**_____**<br><br>***Trauma-related?*** *1 definite 2 probable 3 unlikely*<br>*Current* _____ *Lifetime* _____ | ***F***<br>***I***<br><br>***Past month***<br>***F***<br>***I***<br>***Sx: Y N***<br><br>***Lifetime***<br>***F***<br>***I***<br>***Sx: Y N*** |

# CAPS SUMMARY SHEET

Name: ID#: Interviewer: Study: Date:

| *A. Traumatic event:* |
|---|
| |

| *B. Reexperiencing symptoms* | *PAST WEEK* | | | *PAST MONTH* | | | *LIFETIME* | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Freq* | *Int* | *F+I* | *Freq* | *Int* | *F+I* | *Freq* | *Int* | *F+I* |
| **(1) intrusive recollections** | | | | | | | | | |
| **(2) distressing dreams** | | | | | | | | | |
| **(3) acting or feeling as if event were recurring** | | | | | | | | | |
| **(4) psychological distress at exposure to cues** | | | | | | | | | |
| **(5) physiological reactivity on exposure to cues** | | | | | | | | | |
| ***B subtotals*** | | | | | | | | | |
| ***Number of Criterion B symptoms (need 1)*** | | | | | | | | | |

| *C. Avoidance and numbing symptoms* | *PAST WEEK* | | | *PAST MONTH* | | | *LIFETIME* | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Freq* | *Int* | *F+I* | *Freq* | *Int* | *F+I* | *Freq* | *Int* | *F+I* |
| **(6) avoidance of thoughts or feelings** | | | | | | | | | |
| **(7) avoidance of activities, places, or people** | | | | | | | | | |
| **(8) inability to recall important aspect of trauma** | | | | | | | | | |
| **(9) diminished interest in activities** | | | | | | | | | |
| **(10) detachment or estrangement** | | | | | | | | | |
| **(11) restricted range of affect** | | | | | | | | | |
| **(12) sense of a foreshortened future** | | | | | | | | | |
| ***C subtotals*** | | | | | | | | | |
| ***Number of Criterion C symptoms (need 3)*** | | | | | | | | | |

| *D. Hyperarousal symptoms* | *PAST WEEK* | | | *PAST MONTH* | | | *LIFETIME* | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Freq* | *Int* | *F+I* | *Freq* | *Int* | *F+I* | *Freq* | *Int* | *F+I* |
| **(13) difficulty falling or staying asleep** | | | | | | | | | |
| **(14) irritability or outbursts of anger** | | | | | | | | | |
| **(15) difficulty concentrating** | | | | | | | | | |
| **(16) hypervigilance** | | | | | | | | | |
| **(17) exaggerated startle response** | | | | | | | | | |
| ***D subtotals*** | | | | | | | | | |
| ***Number of Criterion D symptoms (need 2)*** | | | | | | | | | |

| *Total Freq, Int, and Severity (F+I)* | *PAST WEEK* | | | *PAST MONTH* | | | *LIFETIME* | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Freq* | *Int* | *F+I* | *Freq* | *Int* | *F+I* | *Freq* | *Int* | *F+I* |
| ***Sum of subtotals (B+C+D)*** | | | | | | | | | |

| *E. Duration of disturbance* | *CURRENT* | *LIFETIME* |
|---|---|---|
| **(19) duration of disturbance at least one month** | *NO YES* | *NO YES* |

| *F. Significant distress or impairment in functioning* | *PAST WEEK* | *PAST MONTH* | *LIFETIME* |
|---|---|---|---|
| | | | |
| **(20) subjective distress** | | | |
| **(21) impairment in social functioning** | | | |
| **(22) impairment in occupational functioning** | | | |
| ***AT LEAST ONE > 2?*** | *NO YES* | *NO YES* | *NO YES* |

| *PTSD diagnosis* | *CURRENT* | *LIFETIME* |
|---|---|---|
| ***PTSD PRESENT -- ALL CRITERIA (A-F) MET?*** | *NO YES* | *NO YES* |
| ***Specify:*** **(18) with delayed onset (> 6 months delay)** | *NO YES* | *NO YES* |
| **(19) acute (< 3 months) or chronic (> 3 months)** | *acute chronic* | *acute chronic* |

| *Global ratings* | *PAST WEEK* | *PAST MONTH* | *LIFETIME* |
|---|---|---|---|
| **(23) global validity** | | | |
| **(24) global severity** | | | |
| **(25) global improvement** | | | |

| *Associated features* | *PAST WEEK* | | | *PAST MONTH* | | | *LIFETIME* | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Freq* | *Int* | *F+I* | *Freq* | *Int* | *F+I* | *Freq* | *Int* | *F+I* |
| **(26) guilt over acts of commission or omission** | | | | | | | | | |
| **(27) survivor guilt** | | | | | | | | | |
| **(28) reduction in awareness of surroundings** | | | | | | | | | |
| **(29) derealization** | | | | | | | | | |
| **(30) depersonalization** | | | | | | | | | |

# HAMILTON ANXIETY RATING SCALE (HAM-A)

| **Patient Information** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Patient | | Date | Day | Mth. | Year | Time | Hour | Min |
| | | | | | | | | |
| **Personal notes** | | | | | | | | |
| | | | | | | | | |

| **1. Anxious mood**<br>This item covers the emotional condition of uncertainty about the future, ranging from worry, insecurity, irritability and apprehension to overpowering dread. | |
|---|---|
| **0 –** The patient is neither more or less insecure or irritable than usual. | ☐ |
| **1 –** Doubtful whether the patient is more insecure or irritable than usual. | ☐ |
| **2 –** The patient expresses more clearly to be in a state of anxiety, apprehension or irritability, which he may find difficult to control. However, the worrying still is about minor matters and thus without influence on the patient's daily life. | ☐ |
| **3 –** At times the anxiety or insecurity is more difficult to control because the worrying is about major injuries or harms which might occur in the future. Has occasionally interfered with the patient's daily life. | ☐ |
| **4** – The feeling of dread is present so often that it markedly interferes with the patient's daily life. | ☐ |

| **2. Tension**<br>This item includes inability to relax, nervousness, bodily tensions, trembling and restless fatigue. | |
|---|---|
| **0 –** The patient is neither more nor less tense than usual | ☐ |
| **1 –** The patient seems somewhat more nervous and tense than usual. | ☐ |
| **2 –** Patient expresses clearly unable to relax and full of inner unrest, which he finds difficult to control, but it is still without influence on the patient's daily life. | ☐ |
| **3 –** The inner unrest and nervousness is so intense or frequent that it occasionally interferes with the patient's daily work. | ☐ |
| **4 –** Tensions and unrest interfere with the patient's life and work at all times. | ☐ |

| **3. Fears**<br>This item includes fear of being in a crowd, of animals, of being in public places, of being alone, of traffic, of strangers, of dark etc. It is important to note whether there has been more phobic anxiety during the present episode than usual. | |
|---|---|
| **0 –** Not present. | ☐ |
| **1 –** Doubtful whether present. | ☐ |
| **2 –** The patient experiences phobic anxiety but is able to fight it. | ☐ |
| **3 –** It is difficult to fight or overcome the phobic anxiety, which thus to some extent interferes with the patient's daily life and work. | ☐ |
| **4 –** The phobic anxiety clearly interferes with the patient's daily life and work. | ☐ |

| **4. Insomnia**<br>This item covers the patient's subjective experience of sleep duration and sleep depth during the three preceding nights. Note: Administration of hypnotics or sedatives is disregarded | |
|---|---|
| **0 –** Usual sleep duration and sleep depth | ☐ |
| **1 –** Sleep duration is doubtfully or slightly reduced (e.g. due to difficulties falling asleep), but no change in sleep depth. | ☐ |
| **2 –** Sleep depth is also reduced, sleep being more superficial. Sleep as a whole is somewhat disturbed. | ☐ |
| **3 –** Sleep duration and sleep depth is markedly changed. Sleep periods total only a few hours per 24 hours. | ☐ |
| **4 –** Sleep depth is so shallow that the patient speaks of short periods of slumber or dozing, but no real sleep. | ☐ |

| **5. Difficulties in concentration and memory**<br>This item covers difficulties in concentration, making decision about everyday matters, and memory | |
|---|---|
| **0 –** The patient has neither more nor less difficulty in concentration and/or memory that usual. | ☐ |
| **1 –** Doubtful whether the patient has difficulty in concentration and/or memory. | ☐ |
| **2 –** Even with a major effort it is difficult for the patient to concentrate on his daily routine work. | ☐ |
| **3 –** The patient has pronounced difficulties with concentration, memory, or decision making, e.g. in reading a newspaper article or watching a television programme to the end. | ☐ |
| **4 –** During the interview the patient shows difficulty in concentration, memory or decision making. | ☐ |

| **6. Depressed mood**<br>This item covers both the verbal and the non-verbal communication of sadness, depression, despondency, helplessness and hopelessness | |
|---|---|
| **0 –** Not present. | ☐ |
| **1 –** Doubtful whether the patient is more despondent or sad than usual, or is only vaguely so. | ☐ |
| **2 –** The patient is more clearly concerned with unpleasant experiences, although he still lacks helplessness or hopelessness. | ☐ |
| **3 –** The patient shows clear non-verbal signs of depression and/or hopelessness. | ☐ |
| **4 –** The patient remarks on despondency and helplessness or the non-verbal signs dominate the interview and the patient cannot be distracted. | ☐ |

| **7. General somatic symptoms: Muscular**<br>Weakness, stiffness, soreness or real pain, more or less diffusely localized in the muscles, such as jaw ache or neck ache. | |
|---|---|
| **0 –** The patient is neither more nor less sore or stiff in the muscles than usual. | ☐ |
| **1 –** The patient seems somewhat more stiff or sore in the muscles than usual. | ☐ |
| **2 –** The symptoms have the character of pain. | ☐ |
| **3 –** Muscle pain interferes to some extent with the patient's daily work and life. | ☐ |
| **4 -** Muscle pain is present most of the time and clearly interferes with the patient's daily work and life. | ☐ |

| **8. General somatic symptoms: Sensory**<br>This item includes increased fatigability and weakness or real functional disturbances of the senses, including tinnitus, blurring of vision, hot and cold flashes and prickling sensations | |
|---|---|
| **0 –** Not present. | ☐ |
| **1 –** Doubtful whether the patient's indications of symptoms are more pronounced than usual | ☐ |
| **2 –** The sensations of pressure reach the character of buzzing in the ears, visual disturbances and prickling or itching sensations in the skin. | ☐ |
| **3 –** The generalized sensory symptoms interfere to some extent with the patient's daily life and work. | ☐ |
| **4 –** The generalized sensory symptoms are present most of the time and clearly interfere with the patient's daily life and work. | ☐ |

| **9. Cardiovascular symptoms**<br>This item includes tachycardia, palpitations, oppression, chest pain, throbbing in the blood vessels, and feelings of faintness. | |
|---|---|
| **0 –** Not present. | ☐ |
| **1 –** Doubtful whether present. | ☐ |
| **2 –** Cardiovascular symptoms are present, but the patient can still control them. | ☐ |
| **3 –** The patient has occasional difficulty controlling the cardiovascular symptoms, which thus to some extent interfere with his daily life and work. | ☐ |
| **4 –** Cardiovascular symptoms are present most of the time and clearly interfere with the patient's daily life and work. | ☐ |

| **10. Respiratory symptoms**<br>Feelings of constriction or contraction in throat or chest, dyspnoea or choking sensations and sighing respiration | |
|---|---|
| **0 –** Not present. | ☐ |
| **1 –** Doubtful whether present. | ☐ |
| **2 –** Respiratory symptoms are present, but the patient can still control them. | ☐ |
| **3 –** The patient has occasional difficulty controlling the respiratory symptoms, which thus to some extent interfere with his daily life and work. | ☐ |
| **4 –** Respiratory symptoms are present most of the time and clearly interfere with the patient's daily life and work. | ☐ |

| **11. Gastro-intestinal symptoms**<br>This item covers difficulties in swallowing, "sinking" sensation in stomach, dyspepsia (heartburn or burning sensation in the stomach, abdominal pains related to meals, fullness, nausea and vomiting), abdominal rumbling and diarrhoea. | |
|---|---|
| **0 –** Not present. | ☐ |
| **1 –** Doubtful whether present (or doubtful whether different from usual). | ☐ |
| **2 –** One or more gastro-intestinal symptoms are present, but the patient can still control them. | ☐ |
| **3 –** The patient has occasional difficulty controlling the gastro-intestinal symptoms, which to some extent interfere with his daily life and work. | ☐ |
| **4 –** The gastro-intestinal symptoms are present most of the time and interfere clearly with the patient's daily life and work. | ☐ |

| **12. Genito-urinary symptoms**<br>This item includes non-organic or psychic symptoms such as frequent or more pressing passing of urine, menstrual irregularities, anorgasmia, dyspareunia, premature ejaculation, loss of erection. | |
|---|---|
| **0 –** Not present. | ☐ |
| **1 –** Doubtful whether present (or doubtful whether different from usual). | ☐ |
| **2 –** One or more genito-urinary symptoms are present, but do not interfere with the patient's daily life and work. | ☐ |
| **3 –** Occasionally, one or more genito-urinary symptoms are present to such a degree that they interfere to some extent with the patient's daily life and work. | ☐ |
| **4 –** The genito-urinary symptoms are present most of the time and interfere clearly with the patient's daily life and work. | ☐ |

| **13. Other autonomic symptoms**<br>This item includes dryness of the mouth, blushing or pallor, sweating and dizziness | |
|---|---|
| **0 –** Not present. | ☐ |
| **1 –** Doubtful whether present. | ☐ |
| **2 –** One or more autonomic symptoms are present, but they do not interfere with the patient's daily life and work. | ☐ |
| **3 –** Occasionally, one or more autonomic symptoms are present to such a degree that they interfere to some extent with the patient's daily life and work. | ☐ |
| **4 –** Autonomic symptoms are present most of the time and clearly interfere with the patient's daily life and work. | ☐ |

| **14. Behaviour during interview**<br>The patient may appear tense, nervous, agitated, restless, tremulous, pale, hyperventilating or sweating during the interview. Based on such observations a global estimate is made. | |
|---|---|
| **0 –** The patient does not appear anxious. | ☐ |
| **1 –** It is doubtful whether the patient is anxious. | ☐ |
| **2 –** The patient is moderately anxious. | ☐ |
| **3 –** The patient is markedly anxious. | ☐ |
| **4 –** Patient is overwhelmed by anxiety, for example with shaking and trembling all over. | ☐ |

Total score

**HAM-A score level of anxiety**

**<17: mild**
**18 – 24: mild to moderate**
**25 – 30: moderate to severe**

## Appendix F



# Montgomery-Åsberg Depression Rating Scale

# (MADRS)

| **1. Apparent sadness**<br>Representing despondency, gloom and despair (more than just ordinary transient low spirits), reflected in speech, facial expression, and posture. Rate by depth and inability to brighten up. | |
|---|---|
| **0** = No sadness. | ☐ |
| **2 =** Looks dispirited but does brighten up without difficulty. | ☐ |
| **4 =** Appears sad and unhappy most of the time. | ☐ |
| **6 =** Looks miserable all the time. Extremely despondent | ☐ |

| **2. Reported sadness**<br>Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope. | |
|---|---|
| **0** = Occasional sadness in keeping with the circumstances. | ☐ |
| **2** = Sad or low but brightens up without difficulty. | ☐ |
| **4** = Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances. | ☐ |
| **6** = Continuous or unvarying sadness, misery or despondency. | ☐ |

| **3. Inner tension**<br>Representing feelings of ill-defined discomfort, edginess, inner turmoil, mental tension mounting to either panic, dread or anguish. Rate according to intensity, frequency, duration and the extent of reassurance called for. | |
|---|---|
| **0 =** Placid. Only fleeting inner tension. | ☐ |
| **2 =** Occasional feelings of edginess and ill-defined discomfort. | ☐ |
| **4 =** Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty. | ☐ |
| **6** = Unrelenting dread or anguish. Overwhelming panic. | ☐ |

| **4. Reduced sleep**<br>Representing the experience of reduced duration or depth of sleep compared to the subject's own normal pattern when well. | |
|---|---|
| **0** = Sleeps as normal. | ☐ |
| **2** = Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep. | ☐ |
| **4** = Moderate stiffness and resistance | ☐ |
| **6** = Sleep reduced or broken by at least 2 hours. | ☐ |

| **5. Reduced appetite**<br>Representing the feeling of a loss of appetite compared with when-well. Rate by loss of desire for food or the need to force oneself to eat. | |
|---|---|
| **0** = Normal or increased appetite. | ☐ |
| **2** = Slightly reduced appetite. | ☐ |
| **4** = No appetite. Food is tasteless. | ☐ |
| **6** = Needs persuasion to eat at all. | ☐ |

| **6. Concentration difficulties**<br>Representing difficulties in collecting one's thoughts mounting to an incapacitating lack of concentration. Rate according to intensity, frequency, and degree of incapacity produced. | |
|---|---|
| **0** = No difficulties in concentrating. | ☐ |
| **2** = Occasional difficulties in collecting one's thoughts. | ☐ |
| **4** = Difficulties in concentrating and sustaining thought which reduced ability to read or hold a conversation. | ☐ |
| **6** = Unable to read or converse without great difficulty. | ☐ |

| **7. Lassitude**<br>Representing difficulty in getting started or slowness in initiating and performing everyday activities. | |
|---|---|
| **0** = Hardly any difficulty in getting started. No sluggishness. | ☐ |
| **2** = Difficulties in starting activities. | ☐ |
| **4** = Difficulties in starting simple routine activities which are carried out with effort. | ☐ |
| **6** = Complete lassitude. Unable to do anything without help. | ☐ |

| **8. Inability to feel**<br>Representing the subjective experience of reduced interest in the surroundings, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced. | |
|---|---|
| **0** = Normal interest in the surroundings and in other people. | ☐ |
| **2** = Reduced ability to enjoy usual interests. | ☐ |
| **4** = Loss of interest in the surroundings. Loss of feelings for friends and acquaintances. | ☐ |
| **6** = The experience of being emotionally paralyzed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends. | ☐ |

| **9. Pessimistic thoughts**<br>Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse and ruin. | |
|---|---|
| **0** = No pessimistic thoughts. | ☐ |
| **2** = Fluctuating ideas of failure, self-reproach or self- depreciation. | ☐ |
| **4** = Persistent self-accusations, or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future. | ☐ |
| **6** = Delusions of ruin, remorse or irredeemable sin. Self- accusations which are absurd and unshakable. | ☐ |

| **10. Suicidal thoughts**<br>Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicide attempts should not in themselves influence the rating. | |
|---|---|
| **0** = Enjoys life or takes it as it comes. | ☐ |
| **2** = Weary of life. Only fleeting suicidal thoughts. | ☐ |
| **4** = Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention. | ☐ |
| **6** = Explicit plans for suicide when there is an opportunity. Active preparations for suicide. | ☐ |

**Appendix G**
**SF-36 QUESTIONNAIRE**

# Your Health and Well-Being

**This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.** ***Thank you for completing this survey!***

**For each of the following questions, please mark an ☒ in the one box that best describes your answer.**

**1. In general, would you say your health is:**

| Excellent | Very good | Good | Fair | Poor |
|---|---|---|---|---|
| ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |

**2. Compared to one year ago, how would you rate your health in general now?**

| Much better now than one year ago | Somewhat better now than one year ago | About the same as one year ago | Somewhat worse now than one year ago | Much worse now than one year ago |
|---|---|---|---|---|
| ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |

(SF-36v2 Standard, US Version 2.0)

**The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

| | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|---|---|---|---|
| a Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | ☐ 1 | ☐ 2 | ☐ 3 |
| b Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | ☐ 1 | ☐ 2 | ☐ 3 |
| c Lifting or carrying groceries | ☐ 1 | ☐ 2 | ☐ 3 |
| d Climbing several flights of stairs | ☐ 1 | ☐ 2 | ☐ 3 |
| e Climbing one flight of stairs | ☐ 1 | ☐ 2 | ☐ 3 |
| f Bending, kneeling, or stooping | ☐ 1 | ☐ 2 | ☐ 3 |
| g Walking more than a mile | ☐ 1 | ☐ 2 | ☐ 3 |
| h Walking several hundred yards | ☐ 1 | ☐ 2 | ☐ 3 |
| i Walking one hundred yards | ☐ 1 | ☐ 2 | ☐ 3 |
| j Bathing or dressing yourself | ☐ 1 | ☐ 2 | ☐ 3 |

**3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|
| a Cut down on the amount of time you spent on work or other activities | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| b Accomplished less than you would like | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| c Were limited in the kind of work or other activities | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| d Had difficulty performing the work or other activities (for example, it took extra effort) | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |

**4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|
| a Cut down on the amount of time you spent on work or other activities | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| b Accomplished less than you would like | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| c Did work or other activities less carefully than usual | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |

**6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?**

| Not at all | Slightly | Moderately | Quite a bit | Extremely |
|---|---|---|---|---|
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**7. How much bodily pain have you had during the past 4 weeks**?

| None | Very mild | Mild | Moderate | Severe | Very Severe |
|---|---|---|---|---|---|
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |

**8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?**

| Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|---|---|---|---|
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...**

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|
| a Did you feel full of life? | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| b Have you been very nervous? | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| c Have you felt so down in the dumps that nothing could cheer you up? | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| d Have you felt calm and peaceful? | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| e Did you have a lot of energy? | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| f Have you felt downhearted and depressed? | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| g Did you feel worn out? | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| h Have you been happy? | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| i Did you feel tired? | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |

**10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?**

| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|
| ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |

**11. How TRUE or FALSE is each of the following statements for you?**

| | Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
|---|---|---|---|---|---|
| a I seem to get sick a little easier than other people | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| b I am as healthy as anybody I know | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| c I expect my health to get worse | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| d My health is excellent | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |

***THANK YOU FOR COMPLETING THESE QUESTIONS!***

**Appendix H**

# Challenges of Implementing a PTSD Telepsychiatry Project:

## A HOSPITAL PERSPECTIVE

## PHOEBE PUTNEY MEMORIAL HOSPITAL

### Study Description

**PURPOSE:**
The purpose of this project is to develop a telemental health services network for military personnel who have served in Iraq and Afghanistan, demonstrate early signs of PTSD, and now reside in geographically isolated communities of Southwest Georgia.

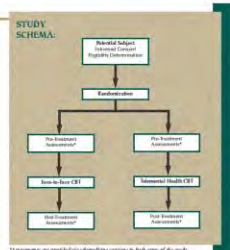
**SIGNIFICANCE:**
The significance of this study is its use of telemental health for military personnel in the community health-care provider setting.

**HYPOTHESIS:**
Cognitive Behavioral Therapy (CBT) administered face-to-face versus CBT administered via telemental health will demonstrate equivalent efficacy in reducing symptoms of PTSD among military personnel re turning from operations in Iraq and Afghanistan.

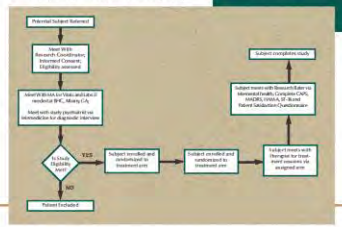
**STUDY DESIGN:**
This study will follow a pre-test / post-test equivalency model. Subjects are randomized to receive CBT via standard face-to-face administration or via telemental health, with assessments before and after completion of therapy.

Target sample size is 202, allowing for a 20% attrition rate.

STUDY SCHEMA:




*Assessments are provided via telemedicine sessions to both arms of the study




**HUMAN USE PROTECTIONS**

Security of subject information:
- Informed Consent will be obtained
- Telemental health units utilize encrypted communication
- Storage of collected data in secure location
- Identifying information will be maintained by Principal Investigator for correct matching of assessments

Challenges in obtaining approvals:
- Approval obtained from the Phoebe Putney Memorial Hospital IRB
- Require approval from the Department of Navy HRRP to recruit from local Marine Logistics Base
- Require approval from Department of Army OHRP to recruit active duty soldiers and veterans
- Protocol inclusion of multiple military branches in recruitment, complicating human use protections review and approval process

### Background

**DESCRIPTION OF PTSD**
- Post Traumatic Stress Disorder (PTSD) has been cited as a significant condition of many returning service personnel from Iraq and Afghanistan.
- The National Institutes of Mental Health describes PTSD as an anxiety disorder that can develop following actual or threatened physical harm. Treatment includes psychotherapy and/or medication.
- Treatment of returning military personnel will be challenging:
  - *Expected significant increase in patient volume*
  - *Limited resources available for treatment due to increase in volume without an increase in providers or treatment options in this rural area*
  - *Many veterans reside or are located in rural or remote localities*

**REGIONAL DEMOGRAPHICS**
- Southwest Georgia demonstrates a mostly rural demographic as defined by HPSA scores

| | |
|---|---|
| Ashburn Clinic | 17 |
| Leesburg Clinics | 16 |
| Camilla Clinic | 18 |
| Sylvester Clinic | 16 |
| PPMH Main Campus | 16 |
| Behavioral Health Center | 16 |
| Phoebe Northwest | 16 |
| Phoebe East | 16 |

- Challenges for region in treatment of PTSD
  - *Limited access to education*
  - *Limited access to mental health care in general*

**SOLUTION**
Mental health care for PTSD provided by increasing access to services via telemental health

Phoebe Healthcare Facility Locations
(Figure 1)


Veteran Population by County
(Figure 2)


### Equipment and Network

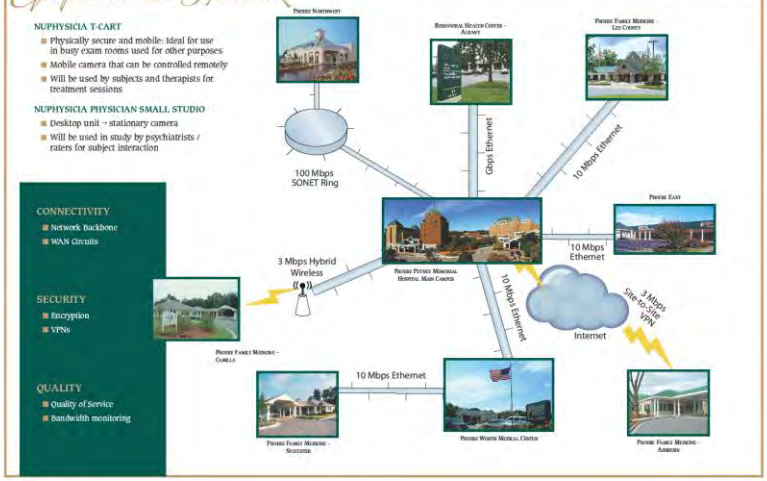
**NUPHYSICIA T-CART**
- Physically secure and mobile: Ideal for use in busy exam rooms used for other purposes
- Mobile camera that can be controlled remotely
- Will be used by subjects and therapists for treatment sessions

**NUPHYSICIA PHYSICIAN SMALL STUDIO**
- Desktop unit → stationary camera
- Will be used in study by psychiatrists / raters for subject interaction

**CONNECTIVITY**
- Network Backbone
- WAN Circuits

**SECURITY**
- Encryption
- VPNs

**QUALITY**
- Quality of Service
- Bandwidth monitoring




### Challenges

**MET TO DATE**
- Initiated assembly of telemental health research team
- Acquired and installed telemental health equipment
- Received approval from hosting organization IRB
- Network initiated and tested

**YET TO OVERCOME**
- Receive research review approval from Navy and Army
- Complete assembly of research team
- Market study to Southwest Georgia region
- Recruit and enroll first patient

Portions of this work are sponsored by the U.S. Dept. of the Army, under (Contract number W81XWH-09-2-0112).
The information does not necessarily reflect the position of the government, and no official endorsement should be inferred.

Please direct questions or comments to Steven Ziemba, Principal Investigator, Phoebe Putney Memorial Hospital, 427 West Third Avenue, Suite 100, Albany GA, 31701, (229) 312-0284, sziemba@ppmh.org

**Appendix I**

Product Line Review (PLR) Meeting

Behavioral Health

27 April 2010

1

## Regional Center of Excellence for PTSD Phoebe Putney Memorial Hospital

## Steven Ziemba

## Director of Clinical Research

## Period of Performance

## August 2009 - August 2011

Product Line Review (PLR) Meeting

Behavioral Health

27 April 2010

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## Military Relevant Issue to be Solved

- Studies have estimated that as many as 19% and 11% of soldiers returning from Iraq and Afghanistan, respectively, experience PTSD. Additional research (September 2009) conducted by the Naval Postgraduate School and Stanford University collectively project that rates of PTSD among veterans of Iraq and Afghanistan could potentially be as high as 35%.
- Specialty mental health services may be available only in urban referral centers and access to even routine mental health services may be limited to Veterans Affairs facilities. As recent as November 2009, the Washington Post reported approximately 408 psychiatrists for 545,000 troops.
- Travel distances for rural veterans who are remote from referral centers or parent facilities may restrict veterans' access to mental health services.

Product Line Review (PLR) Meeting

Behavioral Health

27 April 2010

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# Solution

- The use of interactive videoconferencing to provide psychiatric services to geographically remote regions, often referred to as telemental health, is growing with both Medicare and TRICARE currently reimbursing providers for mental health care delivered via this method.
- TRICARE not only launched a Telemental health program in August 2009, but has also launched TRIAP involving providing beneficiaries access via the Internet to a licensed counselor (Association of the United States Army News, April 2010).
- Specific forms of mental health treatments and assessments, such as Cognitive Behavioral Therapy (CBT) delivered via telemental health, have been reported since 2000. Frueh and colleagues (November, 2007) conducted research showing that CBT delivered using telemental health equipment were effective in terms of therapist's adherence and competence.

Product Line Review (PLR) Meeting

Behavioral Health

27 April 2010

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# Solution

- Telemental health continues to show great promise and may be as effective as conventional face to face psychotherapy. ATA's Practice Guidelines for Video-Conferencing-Based Telemental Health (October 2009) cited 15 references showing that telemental health can impact quality, timeliness, and availability of services in a wide variety of mental health care settings.
- Further research in this area, considering the US Army's immediate need to provide psychiatric and mental health services to personnel in geographically remote regions, can assist in not only providing OIF/OEF veterans and active duty personnel with access to care, but also provide additional literature substantiating evidence-based telemental health practices.

Product Line Review (PLR) Meeting

Behavioral Health

27 April 2010

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# Project Description

- The overarching goal of this project is to demonstrate that Cognitive Behavioral Therapy (CBT) delivered via telemental health is equally effective as when delivered face-to-face, with the long-term goal of increasing access to mental health services for OIF/OEF veterans and active duty service members services who show early signs of PTSD, and now reside in geographically isolated communities.
- These services will be unique in that they will be offered by a civilian hospital at seven office based-rural clinics encompassing a 40 mile radius.

Product Line Review (PLR) Meeting

Behavioral Health

27 April 2010

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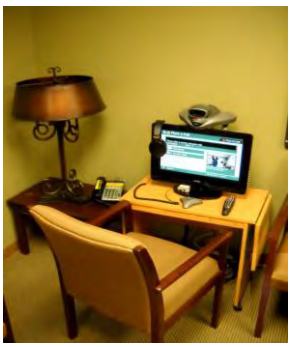
# Project Description

NuPhysicia T-Cart

Physician Small Studio



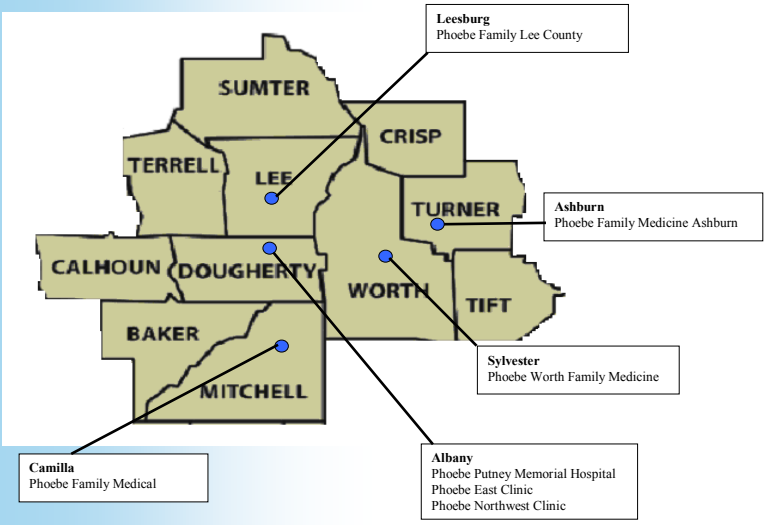
Product Line Review (PLR) Meeting

Behavioral Health

27 April 2010

7

# Project Description




Product Line Review (PLR) Meeting

Behavioral Health

27 April 2010

8

# Validation Strategy

- **Hypothesis:** CBT (face-to-face administration) and CBT (telemental health administration) will be equally effective in reducing symptoms of PTSD among military personnel returning from operations in Iraq and Afghanistan.
- **Technical Objectives:**
  - Create an interactive, telemental health network at several office-based Phoebe Putney Memorial Hospital Primary Care Clinics.
  - Quantify the effectiveness of CBT (face-to-face administration) versus CBT (telemental health administration) in reducing symptoms of PTSD among military personnel returning from Iraq and Afghanistan.
  - The study follows pretest / post-test design to assess for equivalency between the two treatment regimens.
  - 150 subjects will be randomized to either the CBT (face-to-face administration) or CBT (telemental health administration) groups.

Product Line Review (PLR) Meeting

Behavioral Health

27 April 2010

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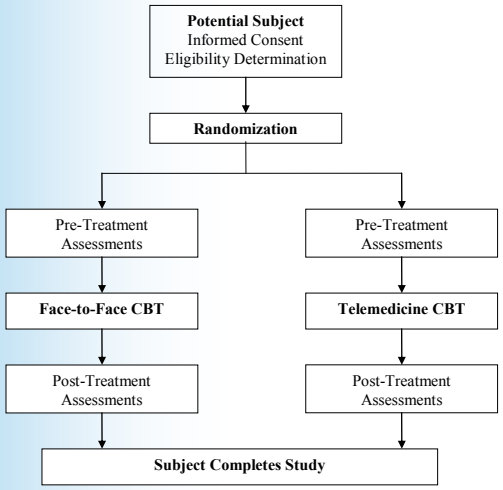
# Validation Strategy

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# Validation Strategy

- CBT will consist of one week of psycho-education, seven-eight weeks of cognitive restructuring, and one-two weeks of relapse prevention using Beck's CBT method containing collaborative structured agendas during each session and structured homework assignments for cognitive restructuring and relapse prevention.
- Subjects randomly assigned to the CBT Group (face-to-face administration) will receive CBT therapy from a licensed therapist trained in CBT 1X/week for a period up to 15 weeks.
- Subjects randomly assigned to the CBT Group (telemental health administration) will receive CBT from a licensed therapist trained in CBT 1X/week for a period up to 15 weeks.
- The 15-week time period was chosen to allow for cancellations, emergencies, and both therapist and patient vacation time. There is a 10-session maximum during this time period.

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# Validation Strategy

- **Rater Measures:**
  Frequency and intensity of individual symptoms will be assessed pre/post treatment:
  - Clinician-Administered PTSD Scale (CAPS)
  - Montgomery-Asberg Depression Rating Scale (MADRS)
  - Hamilton Rating Scale for Anxiety (HAM-A)
- **Self-Report Measures:**
  - PCL-M. This is a standardized evaluation tool used by the military to assess PTSD symptoms
  - SF-36 Quality of Life Assessment
  - Patient Satisfaction Questionnaire (post-treatment only) developed by Press Ganey and Associates
- **Fidelity:**
  - Cognitive Therapy Scale-Revised (CTS-R) chosen on ability to measure fidelity of both adherence to CBT model and competence of therapist with model
  - Consultant hired as fidelity rater to complete CTS-R on 15-minute audio segments of every session for each subject.
  - Fidelity consultant trained at Beck Institute

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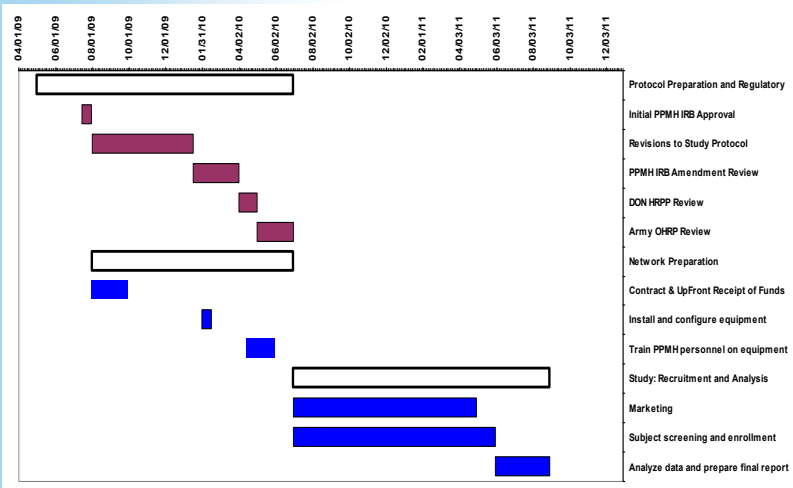
# Research/Development Timeline



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## Successes to Date

- PI response to AIBS review submitted and accepted
- Contract with ARMY awarded
- PPMH IRB approved
- Telemental health equipment purchased, installed at all sites, and configured
- Preliminary training of PPMH staff in telemental health equipment use

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## Challenges

- Obtaining DON HRPP Approval
- Obtaining Army OHRP approval.
- Hiring qualified, licensed mental health professionals in a rural area willing to travel for distances up to 80 miles round-trip for the face-to-face control group of subjects.
- Configuring study psychiatrists research schedules with their out-patient and in-patient schedules.
- Recruiting and providing therapy to 150 PTSD subjects.

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## What's Next

- Submit research protocol back to Phoebe IRB for expedited review regarding study protocol revisions
- Submit research protocol to DON HRPP
- Submit research protocol to Army OHRP
- Planning and hosting marketing and Kick-off event for community
- Recruitment of study mental health staff and study subjects

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## Intellectual Property / Publications Deriving from this Project

List any Confidentiality Agreements - N/A

Patents Filed – N/A

List Invention Disclosures Submitted –N/A

List all Publications –N/A

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## Transition/ Business/ Marketing Plan

- Georgia is home to 12 active military installations with more than 100,000 Active Duty, Reservists and National Guard personnel and almost a million veterans and their dependents.
- 3100 Soldiers from The National Guard's 48th Infantry Brigade are returning back to GA from a one year deployment in Afghanistan.
- A marketing campaign will be developed that will target potentially rich referral sources such as primary care physicians, spouses and family members, clergy, local fraternal organizations, etc.
- A Community Kick-off event will be hosted to publicly announce to the community the implementation phase of the study and demonstrate use of the telemental health equipment.

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## Project Funding

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# Additional Project Information

**Lab/Company/Group: Phoebe Putney Memorial Hospital**
**Principal Investigator: Steven Ziemba, PhD(c)**
**Government COR: Jeanette Rasche, MS**
**Government Project Officer: Edward Kensinger**
**Contract Instrument: Cooperative Agreement**
**Period of Performance: AUG 2009--SEP-2011**
**Contract Specialist: Chris Helman**
**EDMS# : 3893**
**Contract #: W81XWH-09-2-0112**